LOS ANGELES UNIFIED SCHOOL DISTRICT PERSONNEL COMMISSION CLASSIFIED EMPLOYMENT SERVICES POSITION LEAVE FORM

TO BE COMPLETED BY EMPLOYEE

Last Name	First Na	me	PersonID/Emp. No.
Current Job Title & Class Code			
Current Local District/Division	Current	Work Location and C	Code
I request a leave of absence from//	to//	_ to the following po	sition:
Job Title & Class Code			
New Local District/Division (if applicable)	New Wo	ork Location and Coo	le
I CERTIFY that I have read and I understand the fail to establish regular status in the class, this a established, provided that this 30-day period do for provisional assignments. In addition I certification (illness, FMLA, etc.), I will return to my	ssignment will be es not extend be By that I understa	be terminated within eyond the limitation of and that if I take an ex	30 working days after an eligibility list is f 90 working days or 126 working days stended leave of absence for any other
Employee's Signature:			Date:
TO BE COMPLETED BY CURRENT L	OCATION		
DATE OF RELEASE FROM ASSIGNMEN	T:	(R)	EQUIRED)
APPROVAL OF LEAVE REQUEST: Approlist.	oval is not requi	red for employees w	ho are on an eligibility or reemployment
If the employee is not on any list, the employee granted, the position must be held availab Principal/Administrator <u>and</u> Division Head/Loplease return form to the employee and provide	le until the er ocal District Su	nployee returns. ' perintendent. If the	The leave must have the approval of request for permissive leave is denied,
Principal/Administrator:	\square Approved	☐ Disapproved	
SignatureP	rint Name:		Date:
Division Head/ Local District Superintendent:	☐ Approved	\Box Disapproved	
SignatureP	rint Name:		Date:
For Classified Employment Services Use Onl	y: Approve	ed 🗌 Disapprove	d
Approved by: Signature:			Date: